

Board of Health

(978-623-8295)
36 Bartlet Street
Andover, MA 01810

For Office Use Only:

Authorization: _____

Permit # _____

Fee: \$50.00

APPLICATION FOR LICENSE

Date: _____ Type of License Requested: DUMPSTER

Name of Applicant: _____

Address: _____

Phone: _____ Business Phone: _____

Name of Homeowner: _____

Address Where License Applies: _____

Amount of Time Dumpster Needed For: _____

If a Partnership or Corporation please list names, titles and addresses of all officers

Signature(s) of Applicant(s): _____

